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Quality of Care and Outcomes Assessment

A PROSPECTIVE STUDY TO EVALUATE CORRELATION BETWEEN CORONARY HEART DISEASE AND DEPRESSION AND ITS INFLUENCE ON QUALITY OF LIFE AND CLINICAL OUTCOMES

Poster Contributions
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Background: A correlation exists between depression and coronary heart disease (CHD), affecting quality of life and clinical outcomes.

Methods: A prospective study was conducted on CHD patients at Care Institute of Medical Sciences (CIMS), Ahmedabad, India. Incidence and severity of depression in these patients was assessed by Montgomery-Asberg Depression Rating Scale (MADRS). The end point at 12 months was to determine the influence of depression on clinical outcomes and Quality of Life(QoL) as assessed by SF 36 Health Survey.

Results: A total of 1648 patients (mean age of 56.63±11.66 years) undergoing percutaneous transluminal coronary angioplasty (PTCA) or coronary artery bypass graft (CABG) were enrolled in the study. Of these 39.8% (n=655) patients were depressed, MARDS score > 6. Prevalence of depression was higher in hypertensive (62.04 %) and diabetic (35.77%) patients as compared to those with smoking (16.42%), or alcohol (6.2%). Cardiac procedure (PTCA or CABG) did not influence the prevalence of depression which was higher ($p<0.0001$) in males as compared to females (68.45 vs. 31.55 %), less educated (54.22 vs. 40.95 %,), unemployed (36.45 vs. 22.10%), rural subjects (42.41 vs. 37.30%,) and in those with monthly income <INR10,000 (39.16 vs. 33.14%). Marital status and number of family members did not affect the frequency of depression. At 12 months QoL was poor in depressed (61.33 vs. 84.92%, $P<0.0001$) than in non-depressed patients in terms of reduced physical functioning (62.86 vs. 89.83%), physical well-being (35.24 vs. 84.94%), emotional stability (53.27 vs. 88.7%), emotional well-being-(61.31 vs. 72.83%), social functioning (85.14 vs. 95.11%), perception of pain (88.23 vs. 97.29%) and general health (41.59 vs. 69.65%). At 12 months rates of re-hospitalization (18.59 vs. 3.47%, $p<0.0001$), revascularization (8.54 vs. 0.16 % $p<0.0001$), and mortality (4.77 vs. 1.66%, $p<0.005$) were higher in depressed as compared to non-depressed patients.

Conclusion: There is a significant association between depression and CHD, which is influenced by socioeconomic factors. Presence of depression adversely affects clinical outcome and quality of life in CHD patients.